

CHEMIST & DRUGGIST

The newsweekly for pharmacy

October 18, 1986

a Benn publication

Ennals tables
12 amendments
as Lords
debate contract

Newton to
address PSNC

PGC explains
'poor' ESPS in
Scotland

Question time:
Tinnitus

'Patients first'
says Ferguson
— tender threat
for hospital
pharmacies

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Laboratories Ltd

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Editor:
John Skelton BPharm, MPS

Assistant Editor:
Patrick Grice BPharm, MPS

Features Editor:
Steven Titmarsh BPharm, MPS

Contributing Editor:
Adrienne de Mont
BPharm, MPS

Technical Reporter:
Robert Darracott, BPharm, MPS

Business Reporter:
Nia Williams, BA

NPA Reporter
Liz Hunt BPharm MPS

Art Editor: Jack Parker

Price List Controller:
Colin Simpson

Advertisement Manager:
Peter Nicholls JP

**Assistant Advertisement
Manager:**
Doug Mytton

Production: Shirley Wilson

Publisher:
Ronald Salmon FPS

Director:
Christopher Leonard-Morgan

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Solihull, W. Midlands B90 3AE 021-744
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Badminton Road, Downton,
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COMMENT



The Pharmaceutical Society's Code of Ethics states that while the closest professional co-operation between pharmacist and doctor is desirable, a pharmacist should not have a business association with a doctor in the sense of either of them having a financial interest in the professional work of the other.

Yet this week both the PSNC and the NPA have expressed concern after a number of cases have come to light where community pharmacies have been established as limited companies whose major shareholders are either doctors, their wives or brothers. PSNC has, quite properly, suggested a joint approach with the Society to the General Medical Council to sound out the medical profession's ethical standpoint.

Without the wholehearted support of the GMC the Society is, on the face of it, going to be hard pressed to stop this unsavoury practice, although the ethical aspects are quite clear. A pharmacy near a surgery is largely dependent on



the scripts written by doctors at the practice. If the two act in collusion it could lead to profiteering at the expense of the NHS and corruption of professional attitudes.

But a court of law might say that forbidding such a relationship is a restraint of trade. And while the practice might be perceived to be detrimental to the NHS that has to be proved. Who will the Pharmaceutical Society bring before the Statutory Committee if there is a problem with such a "family firm"? An employee pharmacist, even if he or she is the superintendent, may not be aware of the family connections of a non-pharmacist owner. Firm guidelines from the GMC on

how far commercial relationships between the two professions can be allowed to develop are needed.

It is to be hoped any pharmacist who is "fostering" a pharmacy that has family ties with a near-by surgery is aware of the potential tightrope he or she is walking. The professional aspects of pharmacy have been highlighted through the Nuffield Report, and at last look as though they may receive further, and long overdue recognition. Anyone who damages the professional image by breaking the Code of Ethics is doing his colleagues no good at such a juncture.

As pharmacies are increasingly moving into supermarkets (and perhaps other types of store) as franchises, maintaining a professional approach which remains aloof from commercial considerations is likely to become increasingly important. The Code of Ethics is one of the pharmacist's best reminders of his vocation, and should not be flouted.



Contract Bill in Lords for final time

The NHS (Amendment) Bill which includes legislation allowing the introduction of the new contract was being debated by the Lords as C&D went to press on Wednesday.

And 12 amendments to clause 2, the contract clause, were tabled at the last minute by Labour Lords Ennals, a former Minister for Health, and Prys-Davies.

PSNC chief executive Alan Smith had hoped that, following informal discussions at the British Pharmaceutical Conference in Jersey, Lord Ennals would concentrate his efforts on Clauses 1 and 3. He says most of Lord Ennals' proposed changes are unacceptable and wrecking amendments.

Lord Ennals proposes to remove the "necessary and desirable" clause and replace it with the words "... an application shall only be granted if the committee (the PPSC) is satisfied that there are no grounds upon which they can refuse such an application".

Another amendment suggests the replacement of the Basic Practice Allowance by a good practice allowance, provided that no pharmacist dispensing less than 16,000 prescriptions a year is worse off financially as a result. Mr Smith says this would be unacceptable to the

Government as one of the things it was determined to remove in the new contract was the BPA.

Also unacceptable to PSNC is a move to make the PPSCs operate in line with the procedures laid down for the national appeals committee. This would mean that while a pharmacist would be present on the committee in an advisory capacity, he or she would not have voting rights.

A further amendment would prevent the regulations being passed before a draft had been laid before and approved by a resolution of each House. This would delay implementation of the contract until at least next April, or possibly cripple it altogether if a snap general election is called.

One amendment which Mr Smith has no objection to is one calling for notification of any applications to be published in local newspapers and any relevant trade publication.

Lord Ennals proposes that the regulations prescribe maximum times between the making of applications and their determination, and likewise for appeals. He also proposes the PPSC shall have at least one lay member residing in the area and appointed by the community health council.

Act 1968 allows the ownership of a pharmacy by any body corporate.

The Pharmaceutical Services Negotiating Committee appraised the situation at its meeting last week, and decided to contact the Pharmaceutical Society with a view to a joint approach to the General Medical Council over the ethical aspects of such arrangements. Concern centres on doctors having a financial interest in a pharmacy in their practice area, where financial gain could accrue from the choice of drug treatment.

Pharmacy gets medical interest

The perceived financial rewards of community pharmacy seem to be increasingly catching the eye of the medical profession.

A number of cases have come to light, firstly in the North East and more recently in the West Country, where community pharmacies have been established by limited companies whose major shareholders are either doctors, or their wives or brothers. NPA director Tim Astill says he has heard of two cases where a doctor has got involved in a pharmacy after being refused permission to dispense in a rural area, and others where the doctor has tried "to muscle in on the money they see their pharmaceutical colleagues making."

While a direct business relationship between a pharmacist and doctor is precluded by the Pharmaceutical Society's Code of Ethics, the Medicines

Northern LPCs petition DHSS

Northern LPCs are calling on the DHSS to restrict as a matter of urgency all new pharmacy applications to those which are able to demonstrate they have premises at present and have made an irrevocable financial commitment.

The motion was passed along with four others at a meeting of the regional committee on Monday. The other motions are to be sent to PSNC for consideration by the LPC meeting on January 11. They are:

- This conference finds totally unacceptable and rejects any attempt by the DHSS to raise the "under-cost reimbursement level" of 16,000 items a year

- This conference calls upon the Department of Health to make available extra funds to support and enhance the Essential Small Pharmacy Scheme and not redivide the global sum.

- This conference welcomes the further extension of the pharmacist's role as proposed by the Nuffield Report, but rejects any proposition to fund this at the expense of the traditional vital dispensing role of the pharmaceutical service. Extra funds must be made available to the DHSS from the enormous savings generated by the pharmaceutical service since 1980.

- This conference rejects the unilateral DHSS adjustment of the Drug Tariff to under reimburse branded generics without the authority to substitute as it is a flagrant violation of the central cost-plus principle of the NHS contract.

Committee chairman Allen Tweedie told C&D: "The profession really needs to concentrate on all that has happened over the past 18 months. I get the feeling the DHSS thinks it might be able to take money from dispensing to finance the new role. It means to try and get additional services without footing the bill."

Premises up 51

The number of premises on the Pharmaceutical Society's Register continues its record breaking runs rising by 51 in September to 11,589.

In England (excluding London) there were 50 additions and 13 deletions with London seeing six additions and two deletions. Scotland had a rise of three with four additions and one deletion, and Wales had a net increase of seven pharmacies with eight additions and one deletion.

Oldham first

The new Drug Advisory Service starts its two year work programme this week with a visit to Oldham.

The Government-backed service offers health and local authorities specialist advice on developing local services to cope with drug misuse. Five team members stay in the area for a week based at the main local hospitals and the district health promotion department.

Pre-contract rush by franchisers?

At least three non-pharmacy chains are rumoured to be preparing applications to open in-store pharmacies in the run up to the presumed introduction of the new contract.

In East Anglia Paper Shops, a 35-strong newsagent subsidiary of Eastern Counties Newspapers, are considering a franchise operation, leasing small 10 by 10ft areas in-store for around £5,000 a year.

No applications have yet been received by the FPC, although the chain is understood to be committed to at least two franchises in the Norwich area. Following representations from the Local Pharmaceutical Committee the company is understood to be reconsidering.

There are strong indications too that the Presto and William Low supermarket chains, part of the Argyll group, are considering in-store pharmacies.

Gateway and Carrefour already run in-store franchises in a number of their stores, the main franchise holder being Moss Chemists. Three new Carrefour stores at Sutton Coldfield, Cwmbran and Thornaby are shortly to open.

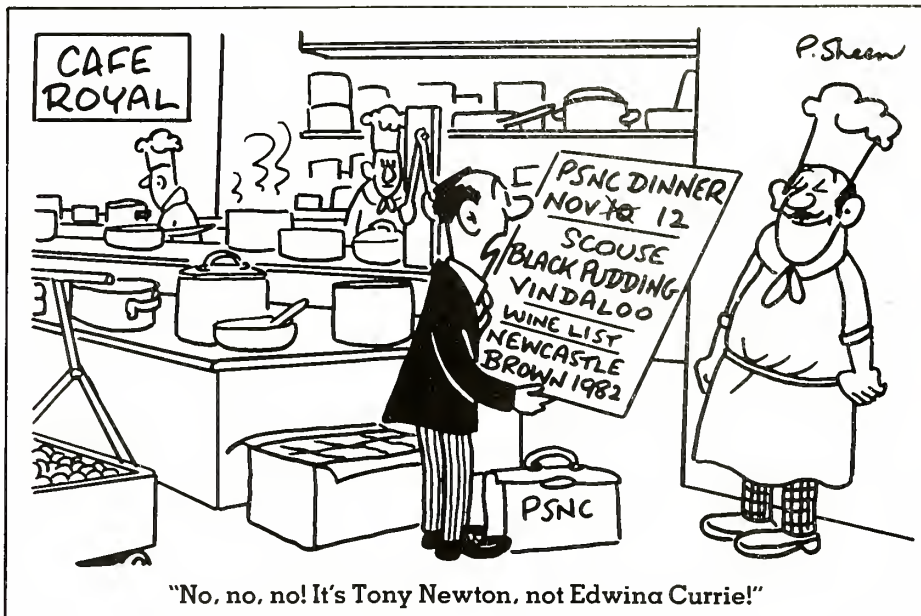
Both Gateway and Carrefour, along with other recently acquired supermarket chains International, Key Market, Woolco and Fine Fare, are owned by the Dee Corporation. Dee have recently decided to adopt the Gateway fascia on all their supermarkets and superstores. Gateway are the country's third biggest food retailer by volume and have more outlets than any other food multiple.

Moss are also well established in Asda superstores and two new pharmacies will be opening in the next few weeks. Managing director Mr Barry Andrews says 35 pharmacies are planned for next year, new contract permitting.

The PSNC is concerned that no cut-off procedure has yet been proposed after which an application would have to be considered under the new regulations. It fears a rash of applications to open pharmacies in existing premises.

The Department of Health is reportedly worried that it will be accused of retrospective legislation if it does anything to prevent a valid application to open a pharmacy being granted prior to the operative date for the new regulations.

When the Clothier Regulations were introduced a transition period of 28 days was allowed for FPCs to tidy up prescribing and dispensing lists. PSNC is understood to favour a similar period for



shops opening after limitation of contract regulations are introduced.

"If the pharmacy is not open 28 days after the cut off date then it would have to submit an application under the new legislation," PSNC chief executive Alan Smith has suggested. "If the DHSS wants to obtain value for money for the NHS it is essential to have cut off dates and an indication of prior financial commitment."

DHSS propose £20m profit cut

The DHSS has proposed an interim deduction of £20m from the "amounts due" side of the balance sheet while the dispute over the profit formula is being decided by the Pharmacists Review Panel.

The deduction is proposed to prevent a "substantial adjustment" being necessary should the Panel's decision not be reached in time for it to be included in the 1987/88 balance sheet. The DHSS only agreed to refer the matter at the beginning of October after nearly two year's wrangling.

PSNC chief executive Alan Smith says the committee is incensed by the proposal. "For the DHSS to assume that profit formula will be reduced is an overt attempt to influence the Panel's decision before the evidence is considered."

PSNC believe profit should be determined through turnover rather than part turnover and part capital employed as at present. Stock turn is decided by local prescribing habits and is out of the pharmacist's hands, it says.

■ A good practice allowance is being sought by PSNC in negotiations over the coming months.

This would include payment for the provision of information and advice, counselling areas in shops, an additional pharmacist allowance and fees related to the average period of treatment.

Increased demands are being made on the NHS but resources are not being increased to match these demands, says PSNC chief executive Alan Smith.

PSNC changes seminar date

The LPC seminar to consider PSNC's response to the Nuffield Report has been put back two days to Wednesday, November 12. The PSNC annual dinner has also been rescheduled for the same day.

Both events will take place at the Cafe Royal, Regent Street, London W1. The seminar will start at 11am. Principal guest at the dinner will be the new Health Minister Tony Newton. PSNC believe it will be his first public speaking engagement since taking up the post.

PSNC see the seminar as a further opportunity for pharmacists to make their feelings known on the Nuffield Report. "I would urge all contractors who have a view to make it known to their LPCs," says chief executive Alan Smith.

Following the seminar the PSNC will put forward its final recommendations, along with those from the Society and the National Pharmaceutical Association in a joint submission to the DHSS.

AIDS aid

"AIDS — what everyone needs to know" is a comprehensive booklet for the public which explains what the disease is, how it is caused, symptoms, transmission, how to reduce the risk of infection, and what to do if you know someone who has AIDS. Single copies are available from Dept A, PO Box 100, Milton Keynes, MK 1 TX. It may be distributed through pharmacies towards the end of the year as part of the "Healthcare in the high street" campaign.

Pharmacy PR angers GPs

Dispensing doctors from a Hertfordshire practice say the activities of local pharmacists are "unprofessional," and believe they should be checked.

Permission for the practice in Welwyn to begin dispensing for patients in designated rural areas was given in July. Shortly after, pharmacists from John & Kelynack, Nina Barnes Ltd, and Busbys (Wheathampstead) Ltd, distributed a notice to all patients of Dr Dansie and partners. It outlines the options that patients in the designated areas now have in obtaining their drugs, and how the service differs from that in a pharmacy.

Dr Nicholas Dansie says the notice is misleading and confusing. "As I understand it, if a patient signs a DISP form (the "options form") then he is under no obligation to get drugs from the surgery. He can still go to the pharmacy. We sought permission to begin dispensing, to give our patients in outlying areas (served by branch practices) a better service. We do not want to do chemists out of a living."

He says that a "few hundred" patients have signed forms so far, and he expects the number to increase when the service gets underway in November.

A PSNC spokesman told *C&D*: "In our view the pharmacists' activities are not unprofessional — what they are doing is letting patients know they have a choice. We understand that some doctors and their staff put out options forms to their patients without explaining what they are. And while there is no implication whatsoever that this is the case in this practice, it is perfectly appropriate for pharmacists to draw the attention of patients to the choices they have."

No special case for witnesses?

An NPA plea to treat pharmacists as special cases for the reimbursement of out of pocket expenses incurred when attending court as witnesses, has fallen on stony ground.

NPA director Tim Astill wrote to the Lord Chancellor back in May pointing out that community pharmacists are required by the Medicines Act and their NHS contract to maintain "personal control" over their pharmacies at all times, and to ensure that dispensing of medicines and



Television personality Brian Moore (right) disposes of unwanted medicines at a Bromley chemist shop, as he launches the area's DUMP campaign. He's pictured here with shop manager John Hewitt, and assistant Jane Doughty. The campaign kicked off at Bromley hospital, where Mr Moore found out about the accidental poisoning of children, preventative measures, and where he met children who had designed campaign posters

the sale of certain OTC items are personally supervised by a pharmacist.

In his reply the Lord Chancellor, Lord Hailsham, said that the employment of a locum was common in other professional spheres, and that it had been decided to adopt an "even handed approach" to the problem of expenses.

The draft Costs in Criminal Cases (General) Regulations, due to be implemented on November 1, contains no special provision for pharmacists.

PSNC to contest Tariff change

PSNC is seeking legal advice following the introduction of an October Drug Tariff amendment which means that scripts for branded generics are only paid for at the lower generic rate, rather than cost price, even though the pharmacist is required under his terms of service to supply the branded product.

PSNC says the amendment was introduced without sufficient notification being given and has asked for a full negotiating meeting with the Department of Health. The Department has said it considers the amendment "fair to all concerned".

There is anecdotal evidence that at least one company is exploiting the loophole and encouraging branded prescribing to the financial detriment of contractors, says PSNC. The newly-named Prescription Research Bureau is monitoring scripts for generics prescribed under a brand name.

Drug data base for GPs and chemists

Philex, a computer data base of pharmaceutical products, has been launched by Exeter Data Base Systems this week.

Some 2,000 branded drugs are held on a file which can be accessed by three routes — product name, therapeutic action or use. Philex has the backing of 60 pharmaceutical companies, who will update the data base monthly.

A "bulletin board" highlights changes or additions, eg drug warnings or withdrawals. Text includes a drug summary in standard Data Sheet format.

Additional software can link the data base with a patient medication record (to include patient-drug response), script record and label system, and provide for post-marketing surveillance and data retrieval at low cost.

Philex can generate and print scripts. The company supplies Access software designed for use with an IBM PC/MS-BOS operating system — a 640 Kb RAM, 10 Mb hard disc, floppy disc drive, monitor, keyboard and printer. A modem may be added later to allow remote updating.

More PL(PI)s

The following PL(PI)s have been notified to *C&D* since the June 28 supplement.

Whitworth Pharmaceuticals Ltd

PL/4423/0092 Timoptol 0.25 per cent Timolol maleate eye drops 3.42mg = 2.5mg base

Guild says 'Keep up PR pressure'

Hospital pharmacists are being urged to continue to publicise their local staffing problems as priorities for next year's pay claim are currently being finalised.

The situation continues to receive good local publicity; Guild Council is planning a lobby of MPs when Parliament resumes, but until then hopes members will continue to keep MPs and health authority chairman informed of local difficulties and the national situation.

Guild secretary Dr David Bird told a Guild Council meeting last week that the review of membership records was nearing completion, and the maintenance of accurate records was on the agenda of a group secretaries meeting in November.

Following a branch delegates meeting motion arising from the resignation of former president Mr Mike Cullen following remarks made during a speech to the 1985 British Pharmaceutical Conference, Guild Council accepted that it would not expect an officer to deliver a public statement during their term of office which appeared to be contrary to the best interests of the membership. If an officer was asked to comment on a subject which had not been discussed by Council, he could make a holding statement to that effect, and the subject would be put on the agenda of the next meeting.

VG grocery takes in pharmacy

A VG late stop store in Scotland has added to the string of supermarket pharmacies opening in Britain.

Scottish pharmacist Ian Campbell, who was interviewed by *Convenience Store* magazine, approached the owner of the VG store in Bannockburn, near Stirling, with the idea of opening an in-store pharmacy in the supermarket. Mr Campbell is reported to have said he was looking for a site near a health centre to ensure demand for prescriptions. According to the article he has taken some trade from another chemist about a mile away. The pharmacy, which opened three months ago, opens from 11am to 1pm on Sundays as well as during the week and offers a free daily delivery service.

The Pharmaceutical Services Negotiating Committee has got a new phone number. From October 20 it can be reached on Aylesbury (0296) 432823.

Chemist & Druggist 18 October 1986

More attacks on the RDC

Noel Baumber, Lincs LPC secretary doesn't think much of the Rural Dispensing Committee method of making decisions on rural pharmacies. I can't say I do either, nor from letters in this journal over the last few months do a few other LPCs, now that enough experience has been amassed to begin to form valid judgments.

Mr Baumber says the RDC has tunnel vision, in deciding purely on the degree of prejudice or detriment that an application would have, and does not look or give weight to the merits of many other objections raised. Mr Baumber is of course dead right . . . and quite wrong.

The remit on which the RDC *has* to make decisions is precisely — and, so far as I can see, solely — on the grounds of whether or not an application if granted would detrimentally affect the provision of pharmaceutical or medical services in an area. Now whether we like it (or not), the provision of pharmaceutical services no longer means by inference or implication their provision by pharmacies or pharmacists, but relates to the overall provision of drugs and appliances by all contractors under the NHS scheme. So when it makes its decisions the RDC is not looking at the effect on pharmacies, nor at the dispensing doctor's dispensing, but the capacity in an area to provide those services as well as at present.

It stinks! Far from our agreeing to what we thought Clothier meant, we find ourselves hoist with a balance which will always remain in balance irrespective of how weights are shifted from one scale to the other. We perceive well enough the difference in quality between the providers, but on the public equation this doesn't appear to come into it. Our major priority, it seems to me, is to ensure the realisation of the fuller qualification of the pharmacist to do the one specific job under contract, and his value addiktional to this to the community. The arguments Noel Baumber makes are of course valid and have to be taken seriously, particularly in terms of self criticism, about whether we are giving a first class service.

Could do better

Did you see the BP Commission and the DHSS were putting their heads together over drug naming? They suggest a code which would ban or discourage a whole list of irritating or undesirable naming devices currently used by many

manufacturers. Like the words "forte," or "strong," or detached letters — Dalacin C, Ferromyn, S, B etc — and the host of closely related or very similar names. And last on their list? "Branded" generics. Goodbye forever Gx!

But they missed something vital. I'll make a positive suggestion, meant seriously, as an effective means to help prevent errors in dispensing, in an area which I think will be a chronic source of trouble in future as original packs become the mode.

Because it is a fact that people — you and I — do not actually read labels when once we know a product and its pack; we recognise it on sight. There is an error factor built into any manufacturer's product range if he insists on using a house logo and distinctive print style and colour scheme for all his products. Particularly bad are generics like dipyrindamole and disopyramide which, when packed in identical containers, and labelled with very similar words, identical strength print, and style, are devastatingly easy to pick up wrongly.

If the BP Commission want to do a major service may I suggest they set specific print style and colour for individual drug labels, which could be modified only within an inset for maker's name to be in whatever form he chooses.

Generically speaking

I had the company representative in today. "Would I buy his bonus parcel of their particular generics, formerly sold under the famous brand name but now, just for me, at 10p per pack below Drug Tariff generic price?" Answer: "No".

I have ceased buying from any of them. I get my generics from a specialist generic supplier, whose overall prices are good, certainly better than my wholesalers' — while admitting that on occasions individual products from the makers may be offered marginally cheaper. What I like is the man's integrity. He can supply ex-stock at a day's notice, gives me a month's credit, and his range is exclusively from UK manufacturers. He never lets me down and is open about how he goes about his business. He saves me all the hassle of "hunting the button" and wading through the competing price lists. He's like an extension of my own staff.

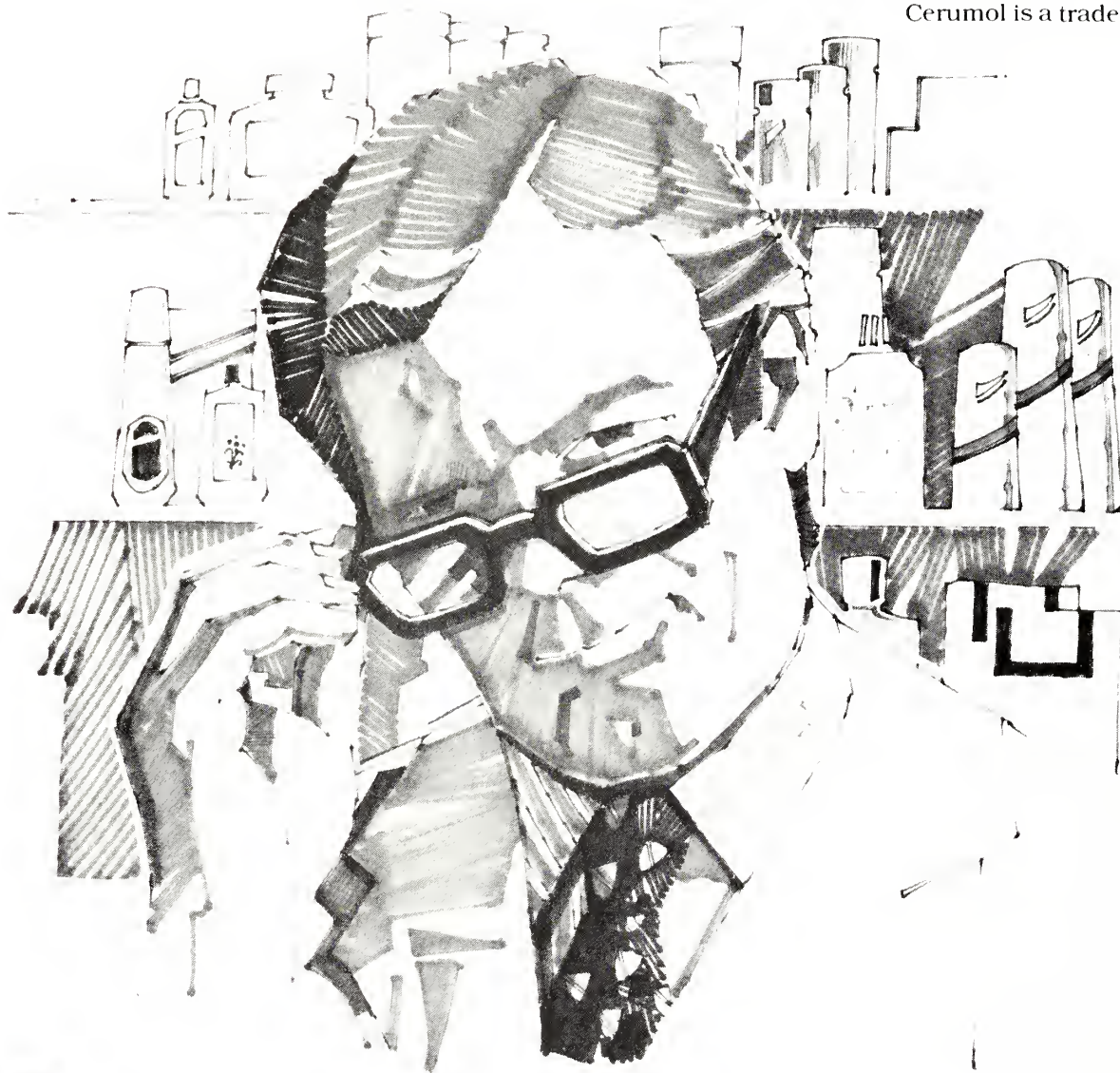
It is interesting to see a number of other men moving into what is seen as a new area of marketing. It's my bet that the man with the lowest overheads will be the survivor and still making a profit in a couple of years' time.

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Stay dry with Conveen pads

Coloplast Ltd have launched a new product for women with problems of bladder control.

Conveen stay dry pads are claimed to be totally different from current products. They are slim and fit inside normal close-fitting underwear. They are much more absorbent than sanitary pads and are said to remain dry even after a major or repeated fluid loss, which means there's no need to change the pads after each loss of fluid and their structure seals in both fluid and odour, avoiding skin soreness and leaving the pad surface dry and comfortable, say Coloplast.

There are three sizes with increasing absorbency: light, regular, and extra: (pack of ten £2.95, £3.65 and £4.65). Trial packs containing three pads (one of each size) are also available.

The product will be available only through Boots and mail order for the first six months but there are plans to extend distribution later.

To raise awareness and understanding about continence problems, Coloplast have instituted an educational campaign aimed at supporting both the professional and the sufferer. There will be in-pack and point of sale educational leaflets together with a widely distributed self-help booklet called "Regaining bladder control". A 24-hour nurse advisory service is available by dialing 100 and asking the operator for Freefone Coloplast service. Women's Press advertising in the Granada and TVS areas will run until December 6.

A free trial pack is available from the Coloplast service on 0480 55451 or Coloplast Ltd, Bridge House, Orchard Lane, Huntingdon, Cambs PE18 6QT.

Making it clear

Nicholas Laboratories are re-packaging Aspro Clear with new graphics which more accurately depict the solubility and taste, says the company.

The "fast pain relief that's nicer to swallow" slogan is now more prominently displayed, and the warning that aspirin is not recommended for children under 12 is carried in the dosage section. The number of tablets is unchanged but the small sleeve pack now holds six tablets, not four. A major advertising and promotional campaign supporting the Nicholas analgesic range will start later this year, say Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4AU.



Added Algipan

Wyeth Laboratories are introducing an added value pack of Algipan spray containing 120ml. The taller can is marked "20 per cent extra free" and retails at the price of the 100ml can (£1.42).

New from Wyeth is a 200ml pack of Petrolagar emulsion ("No1" or "blue label") which retails at £1.50. The "red label" or "No2" Petrolagar emulsion is being discontinued. Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH.

Medised market moves

Farillon Ltd will continue to distribute Medised suspension but marketing is now undertaken by Panpharma Ltd. Medised tablets are still the responsibility of Martindale Pharmaceuticals Ltd.

Panpharma Ltd, Hayes Gate House, 27 Uxbridge Road, Hayes, Middlesex UB4 0JN.

B-Natural

Philips Yeast Products Ltd have added B-Natural yeast-based tablets to their range. The one-a-day blister packed (16, £2.05) tablets contain the complete vitamin B complex, plus minerals and amino acids described fully on each pack. Philips Yeast Products Ltd, Park Royal Road, London NW10 7JX.

PRESCRIPTION SPECIALITIES

Epanutin with phenobarb to go

Parke-Davis Laboratories will discontinue Epanutin with Phenobarbitone capsules from December 31.

The company says there has been a move away from fixed ratio combinations of anticonvulsants with different pharmacokinetic properties. However all other presentations of Epanutin will remain available.

The simplest method of transferring patients to a different anticonvulsants regime is by administering the two active ingredients Epanutin and phenobarbitone separately, the company says. Using the available preparations it is possible to replace the capsules with an identical dose of Epanutin (100mg) plus a dose of phenobarbitone (60mg), within 10mg of the dose given as a combined capsule.

Parke Davis point out that any change over is an opportunity to review the patients' medication. If serum levels of Epanutin are below the therapeutic range, it may be beneficial to tailor the dose to produce a therapeutic serum level of Epanutin while withdrawing phenobarbitone over a one to three month period. Discontinuing either drug may cause the serum level of the remaining

product to increase slightly as the enzyme inducing effect of the second drug is lost.

Merrell Dow are introducing a 20mg Merbentyl tablet. Containing 20mg dicyclomine hydrochloride BP, the tablets are Prescription only, and are packed in bottles of 84 (£4.89 trade). An 84-tablet blister pack will replace the bottles in around three months' time. Merrell Dow Pharmaceuticals Ltd, Stana Place, Fairfield Avenue, Staines, Middx TW18 4SX.

Ortho-Cilag would like to make it clear that the letters CP in the name of their new product, the Gyno-Pevaryl 1 CP pack (C&D October 4, p562) stand for cream and pessary, and not combination pack. There is already a combipack in the Gyno-Pevaryl range. Ortho-Cilag Pharmaceuticals Ltd, Saunderton, High Wycombe, Bucks.

Elantan 40mg tablets are now available in a 100-tablet pack carton (£14.14 trade). The 50-tablet pack will remain available, say Schwarz Pharmaceuticals Ltd, Schwarz House, East Street, Chesham, Bucks HP5 1DG.

Lagap Pharmaceuticals Ltd are introducing Amiloride tablets 5mg. The pale yellow, biconvex tablets are marked AML and 5, split by a scoreline, and are available in 100s (£6.50), 500s (£32.50). Lagap Pharmaceuticals Ltd, Woolmer Way, Bordon, Hants GU35 9QE.

An Enterprising waistband

S-O-T Health Foods are introducing an Everdri double-sealed leakproof waistband (patented by Undercover Products) to their Enterprise nappy range. The launch will be supported by local radio advertisements in the Midlands.

The new waistband, designed to keep the baby and bedding dry, is available on newborn (20, £1.59); toddler (10, £1.18; 20, £2.33; 60, £6.64); daytime super-size (24, £2.19) and child size nappies (20, £2.46). *S-O-T Health Foods Ltd, Furlong Road, Tunstall, Stoke-on-Trent ST6 5TZ.*

Ad on hand

LRC Products Ltd are supporting Neutrogena Norwegian formula handcream with a £300,000 advertising campaign which breaks in November.

Advertisements will appear in national newspapers, and the womens' Press

including *Woman's Realm* and *Woman's Weekly* and some specialist titles. Radio broadcasts during the same period will support Press coverage. Free samples are offered to all customers writing in to the company. For the first time samples will be distributed through hospitals to new mothers in the Bounty bag.

A new counter display unit is available from LRC and major wholesalers holding 12x56g and 12x28g packs, and the design reflects the arctic fisherman theme associated with the brand. *LRC Products Ltd, North Circular Road, London.*

Dixcel design

British Tissues are relaunching Dixcel toilet tissue, to be supported by £3m television and £1m consumer Press advertising from mid-November.

The toilet tissue (£0.59, two rolls; £1.09, four; £1.59, six), has improved quality and value, says the company. Packs now feature pictures of white kittens. *British Tissues Ltd, Lowlands House, 43 Lowlands Road, Harrow, Middlesex.*

Ten-O-Six at 50

Bonne Bell's Ten-O-Six cleansing range is being supported by colour advertisements in girls' magazines, as the company celebrates its 50th anniversary.

They marked the anniversary in Britain with the visit of their international training director, Karen Allen. For two weeks she has been giving product advice and demonstrations all over the UK.

The product, first bought by Jesse Bell in 1936, is still in the hands of the Bell family, and the formula and packaging remains virtually unchanged. Distributed by: *Eylure Ltd, Grange Industrial Estate, Llanfrehfa Way, Cwmbran, Gwent.*

Johnson & Johnson are running an on pack promotion for Empathy, featuring a competition and offering a free 50ml conditioner with all shampoos, while stocks last.

Ten competition winners will get a weekend for two at health centre Ragdale Hall, say *Johnson & Johnson Ltd, Brunel Way, Slough, Berks SL1 1XR.*

HONEYROSE

Honeyrose Products Limited are pleased to announce that Honeyrose Herbal Cigarettes are available from

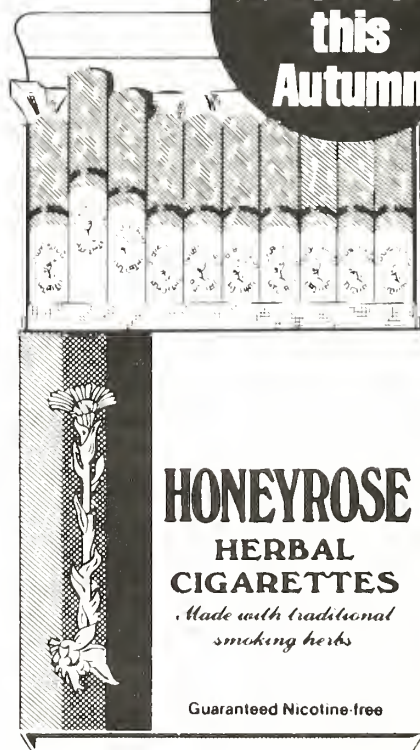
VESTRIC

and your usual wholesaler*

Honeyrose. The alternative way of smoking.

*In case of difficulty contact Honeyrose Products Ltd., Creting Road, Stowmarket, Suffolk. Tel: 0449 612137. Telex: 987703

National
Advertising
this
Autumn



Our smart new packs have really paid off.

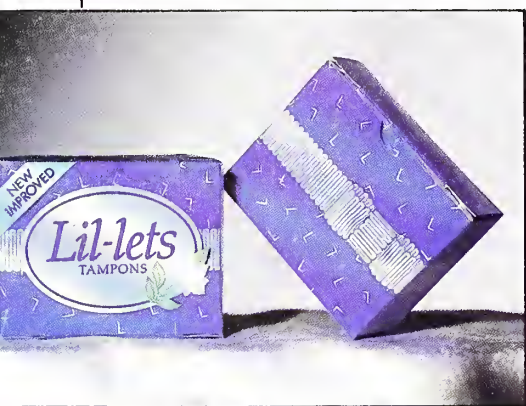
- In extra sales across the country.
- And in prizes for staff at 40 winning stockists in our August competition.
- Dijex gives long-lasting relief without acid rebound.
- Ask your representative how Dijex will pay off for you, too.



Prizewinners in the Dijex Detailer Competition.

Phillips MPS London · C Warnes London · Mrs Mary Doyle Mitcham · Mr S J Patel London · Miss C K Mundy
 London · Mrs J Burns Glasgow · Mary Somerville Glasgow · Lynda Clark Edinburgh · Alison Dishart Edinburgh ·
 Shirley Simpson Edinburgh · G Greenwood St Ives · J Postlethwaite Penzance · Miss Kim Oliver Camborne · S Kaye & Son Ltd
 Wquay · Lyn Crawford Larne · Mrs Sheila Thompson Larne · Mrs C Priestly Belfast · Nickola Millar Newtownabbey ·
 Mrs M K Mawhinney Belfast · Mrs A Groves Cardiff · Mr E Weekley Cowbridge · Mr Virdee Cardiff · Amanda James Cardiff ·
 Ron Melin Cardiff · Mrs Allso Birmingham · Mr Brierley Birmingham · Mrs P Madden Birmingham · Mr Hewson Coventry ·
 Catherine Bailey Manchester · Mrs M Bradshaw Newton le Willows · N Smith Liverpool · Lyn Murphy Liverpool ·
 Margaret A Flood Newhaven · Mr Hughes Brighton · Miss S Dratish Hove · B Dingley Hove · G Williams Leeds ·
 Parr Bradford · R Emmett Bradford · Mrs J Hindle Shipley

CROOKES



Lil-lets sell discretion

Smith and Nephew are relaunching Lil-lets tampons, with new packaging and product improvements particularly aimed at attracting younger users.

The new packs are designed for added discretion as well as a more modern look. The tampons now come in boxes of ten, with 20s and 40s packs made up of the appropriate number of tens boxes held together by a cellophane wrapper. The cellophane carries all the branding and product information, so that when it is removed nothing identifies the contents of the box, which is small enough to put

inside a make-up purse.

The new pack design features a bright blue background with a printed ribbon design colour coding the four absorbencies: light blue for mini, yellow for regular, pink for super and green for super plus.

Brand manager Kap Varma says: "The old packaging was stale and outdated, though it still appealed to the older users. The new look had to keep their loyalty, yet attract younger girls as well.

Product improvements are a rounded end to the tampons and a wider tear strip on the cellophane around them. The instruction leaflet has been rewritten for a more friendly approach.

The new Lil-lets will be advertised in the major women's magazines during November and December. Advertisements feature a coupon which can be sent in with a proof of purchase from any sanpro product to get a voucher for 50p off Lil-lets. New advertisements to be featured in teenage magazines are designed to look like a photo story, and include the ball and chain theme from the woman's magazine advertisements. These will be featured in *Oh Boy*, *My Guy*, *Jackie*, *Blue Jeans* and *Patches*.

The company has also produced a new advice booklet for mothers called "Introducing your daughter to womanhood", which consumers can write in for. The Lil-lets booklet and starter pack for teenagers is still on offer, and the company says pharmacists are welcome to write in for copies of either booklet, free of charge. *Smith and Nephew Consumer Products Ltd, Alum Rock Road, Southall, Birmingham.*

Big-Macleans

Beecham Toiletries are promoting Macleans toothpaste with added-value offers on three tube sizes.

Special "large" and "giant" sizes are flashed on-carton with "20 per cent extra free": 60mls and 150mls for the normal price in-store of 50mls and 125mls, respectively. Special cartons carry the message "free 30ml tube inside with this 175ml family pack": combined contents 205ml at the price of 175ml. *Beecham Proprietaries — Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

CHECKED YOUR SALES TEMPERATURE LATELY?

Make sure you're well stocked with clinical thermometers before the cold season starts.

Rand Rocket cater for all home needs with a comprehensive range which includes the unique dual scale EASY READ models, and special EASY READ ovulation thermometers complete with chart.

Both these exceptional products come with eye-catching, hard-selling display packs for profitable impulse purchases. Order now for special pre-season offers.



Rand Rocket
Making life a little easier.

Rand Rocket Ltd AB Care House Walsworth Road Hitchin Herts England

Telephone: 0462 58831 Telex: 82482

Ever Ready to boost sales

Ever Ready are running a £5m advertising and promotional campaign on their Gold and Silver Seal batteries, and will back torches and lamps with a £1m spend.

Some £4m, they say, will be spent on commercials for Gold Seal, with the theme: "Gold Seal — The heart of the machine", featuring on national television and cinema from late October until February, 1987.

And a "Quick on the draw" promotion will feature in national newspapers until Christmas inviting consumers to write in to be entered for a prize draw. The promotion will also feature a money off coupon.

In addition £300,000 of Press advertising for rechargeable batteries will feature in colour spreads in Sunday supplements, *Readers Digest* and women's magazines.

The company's torches and cycle lamps will be supported by four weeks of television advertising and a continuation of the current Press and poster campaign.

Ever Ready Ltd, Ever Ready House, 93 Burleigh Gardens, Southgate, London N14 5AN.

Disprol display

Reckitt & Colman are promoting Junior Disprol with a regional television campaign which breaks in November.

A 30-second commercial will feature both the tablets and the sugar-free suspension in their new packaging. Display material is available from representatives. *Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS.*

Alberto Culver have repackaged their VO5 styling range, colour coding each packet to indicate the level of "hold" it offers. *Alberto-Culver Co, Houndsmill Industrial Estate, Telford Road, Basingstoke, Hants RG21 2YX.*

Clairol are introducing two new shades into their Nice 'n Easy range. Medium rich brown and dark rich brown will replace soft blonde and velvet brown. *Bristol-Myers Co Ltd, Swakeleys House, Milton Road, Ickenham, Uxbridge UB10 8NS.*



Blue eyes — goldfinger

Eylure are launching a new range of mascara, and a selection of stick-on metal nails.

The new mascara range is called Vividity (£1.65), and is perfume-free, fibreless and waterproof, say Eylure. It will be positioned as a young, budget brand.

Colours available are black is black, grey day, mister blue sky, blue moon, purple haze and green door. Eylure say they are taking advantage of a trend towards coloured mascaras indicated by last year's sales.

The mascara barrels are printed to reflect the product colour, and the range is displayed in a counter unit featuring a back card with models dressed in the mascara colours.

Eylure's second launch for Autumn is Dazzlers, single metal nails complete with ten stick-on pads (£1.49-£3.99, refill adhesive pads £0.95). The ten different styles range from plain gold or silver coloured, to nails set with stones or patterned in colour.

Dazzlers are packaged in blue plastic wallets with a coloured hanging card, and a merchandiser unit is available. *Eylure Ltd, Grange Industrial Estate, Llanfrechfa Way, Cwmbran, Gwent.*

Pretty in pink

Konica are launching a pink version of their 35mm Pop compact camera (£44.95). The company says that sales of Pop have been in excess of two million, and that their research shows there is a demand for a camera to help display true love!

And the Konica Pop is shortly to be available in a presentation box containing the camera, batteries, strap, case and a 24 exposure film.

The pack is to sell at £44.95 and has been produced for Christmas, say *Konica UK Ltd, Konishiruko House, Plane Tree Crescent, Feltham, Middlesex TW13 7HD.*

Band Rocket Thermometer Wholesalers

Bradford Chemists Alliance
Western Trading
Graham Tatford Co Ltd
Vernon Powell Ltd
G D Cooper
SWS Sundries
Eldoken Supplies
Lee Court
Silkgrange Ltd
Roundhay Sundries
F Maltby & Son Ltd
Don Elder Products
Telsa
Ellisfords
Hibberts of Luton
Estchem (W/S Supplies)
Crosskills (PE) Ltd
East Midlands Toiletries
R Ellison
D E Riches
H Ferryman
Dolphin Munday (Sundries)
Graylands & Co Ltd
Sigma Pharmaceuticals
Macarthy's
K Waterhouse
Ken Pen Sundries
Bleasdales

Bradford
Cardiff
Cosham
Croydon
Croydon
Felixstowe
Harrow
Harrow
Holloway
Leeds
Lincoln
London SE12
London E18
Liverpool
Luton
Manchester
Norwich
Nottingham
Preston
Romford
Southampton
Stroud
Walthamstow
Watford
Wembley
Willesden
Wolverhampton
York



Hair it is!

Beecham Toilettries are relaunching Bristows shampoo with a new frequent-wash formula and an introductory 25 per cent extra free offer.

The range, packed in flip-top bottles, with the same new design as Bristows hairspray, comes in three variants (£0.69, usually 200ml). *Beecham Proprietaries — Toilettries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Silver Book shows sales up

A good year for cosmetics and toiletries — that's the verdict on 1985 from the latest Silver Book report.

Personal disposable incomes rose by 7.7 per cent, prices by 5.8 per cent and real disposable incomes therefore by 2.2 per cent. The percentage of incomes channelled into savings fell by 0.5 per cent to 11.7 per cent, and companies displayed a modest trend towards stockbuilding. "Not surprisingly," the report says, "sales were buoyant."

Sales of cosmetics and toiletries to the trade during 1985 were worth £934m (msp), an increase of 12.4 per cent on 1984. Over the period 1981-85, demand for toiletries and cosmetics grew 49 per cent at current prices.

At current prices skin care preparations showed the most growth.

During 1985 the best increase in real terms compared with 1984 was registered by the smallest and up to now most sluggish category — depilatories.

Cosmetics and toiletry prices rose on average more slowly than prices generally, but some cosmetics, notably fragrances, rose much faster.

Advertising spent in the Press and on television during 1985 was £130.5m, an increase of 12.6 per cent on 1984. Highest expenditure was on hair care products, with £39.25m.

The report concludes that the portents through to the end of 1987 for the cosmetics and toiletries industry are good. It predicts that the Government will hold off an election until May or June 1988, and attempt to create as favourable a position

in a business sense as possible.

Productivity will slacken in the second half of 1986 but pick up again in 1987, says the report.

Economists predict a growth of 2.9 per cent in real disposable incomes, and a decline in the proportion of incomes put into savings. The report says that all this suggests demand for cosmetics and toiletries is going to be very buoyant and a sales increase of 12.5 per cent can be expected, of which 7.5-8 per cent represents real growth. *The Silver Book, 23 Golden Square, London W1.*

Focus on teens

Focus on Legs are launching a new range of hosiery called "Why!" — aimed at the teenage market.

"Why!" (from £0.85 to £1.75) is a range of coloured and patterned tights (34-40in) and stockings (8½-11in) with seams, fishnet and in various designs.

The hosiery comes in a black and white hanging carton on a black rotary fixture.

Focus on Legs, Silt House, Common Road, Sutton-in-Ashfield, Notts NG17 2JY.

A new take-off

Unichem are introducing own-label make-up remover pads with a November offer of 15p off.

The patterned cotton pads come in a polythene draw string bag (100 pads, normally £0.72), and are supplied in cases of 30. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

ON TV NEXT WEEK

GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt Bt-am	TT Tyne Tees

Askit powders: GTV, STV
Benylin expectorant/paediatric syrup: All areas
Bisodol: Bt
Chique: All areas
Clearasil: All areas
Cussons Pearl: All areas
Dylon dyes: TT, C4
Farleys Breakfast Timers: Bt
Le Clic cameras: TTV
Peaudouce Babyslips: Bt
Radox herbal bath salts and liquid: All areas
Radox moisturising collection: C, TVS, LWT, TTV
Seven Seas cod liver oil capsules: All areas
Simplicity: All areas
Vantage: All areas
Vidal Sassoon: All except TTV, TSW, B, G

Topaz add five

Topaz are launching a new range of matching shampoos and conditioners.

Made from natural ingredients, the range, in colour co-ordinated packs, comprises: shampoo and conditioner (150ml, £0.50; 250ml, £0.70; 400ml, £0.99), in five variants — linden blossom, almond blossom, and aloe vera, henna, and jojoba. *Topaz Ltd, The House of Topaz, Oldgate, St Michaels Estate, Widnes, Cheshire WA8 8TL.*



Pick up a panda via C&D

Ciba are running a Lypsysl competition linked with the world wildlife fund to help save pandas in China from environmental hazards.

For every competition entry, involving a word hunt and naming a panda, Lypsysl will make a donation to the wildlife fund. And the competition winners will get a Far Eastern holiday for two, including a visit to China to see the few surviving pandas.

By attaching a till receipt to entries, consumers will also be entered for a bonus competition with prizes of silk kimonos and panda pictures.

POS entry coupon holders to fit Lypsysl dispensers are available from Ciba. And the first 50 C&D readers to write in will be sent a Panda print. Names and addresses should be sent to: *Lypsysl panda print offer, 93 Queen Street, Maidenhead, Berks SL6 1LR.*

Pantron have extended their promotion of Helsinki Formula through November and plan further national Press advertising. Purchasers of two dozen units (rsp £24.95) can enter a competition for a Carribean holiday. Full POS is available from *Pantron, 11a Camden High Street, London NW1 7JE.*

Advertising she'll remember. Sales you won't forget.

Our memorable new campaign for Medised, the Paracetamol-based children's analgesic, is based on a highly emotive subject that has been designed to appeal especially to mothers of young children. It is not only emotive, but informative, eye-catching and very persuasive. And we firmly believe it will have considerable impact, rapidly converting readers into purchasers of Medised. This of course means increased sales for you.

The Medised campaign is backed by wide media coverage, using full page colour in popular women's magazines, and specialist press. Attractive point of sale material is also readily available, as well as rewarding bonuses for you.

Stock up with Medised now, so that you can meet the increasing demands.

Medised can be ordered from Panpharma. And you will be pleased to find that your Panpharma representative is the same person who previously represented only Luitpold.

A little earlier and the picture would have told a different story.



We know how worrying and distressing it can be for you, as a caring mother, to see your normally bright-eyed happy child suddenly red cheeked, restless and crying in pain. And all the usual comforting doesn't help.

So, especially with mothers of young children in mind, who want only the best for them, we've developed a pleasantly flavoured, liquid pain reliever called Medised.

Medised is Paracetamol-based and 'Aspirin-free' and can be given day or night to children aged from three months. It quickly relieves painful conditions such as toothache, feversh cold, sore throat and general minor discomforts. And equally important, Medised helps your child to sleep, and gives you peace of mind.

Medised is available without prescription from your Chemist. So don't go home without it next time you go shopping.

**Eases
children's pain
to sleep**



Wide media coverage

In full page colour.
Family Circle. Living.
Good Housekeeping.
Health Visitor.
British Journal for
Nurses in Child Health.
Mother and Baby.
Mother. Parents.
Bounty Baby Book.
You and Your Baby
and New Baby annuals.

Eye-catching, colourful point of sale material

Shelf strips
Display cards
Door stickers
Give-away children's
stickers
Showcards
Mobiles
Till stickers

Rewarding bonuses

Further information can
be obtained from your
Panpharma representative.

Appealing packaging

For your convenience
Medised is available only in
140 ml bottles which are
now in attractive
consumer packs.

To benefit from this new powerful Medised campaign, it will pay you to talk to your Panpharma representative now.

Calling for quiet – the problem of tinnitus

Tinnitus can be much more complicated than a simple problem of ringing in the ears. The usual definition is the sensation of noise in the absence of an appropriate external sound. The sounds vary and include ringing, whistling, buzzing and more complicated noises. In some forms of tinnitus the noises can be heard by others, but normally this is not so. In these cases the sounds are most often caused by rhythmic contractions of muscles in the soft palate, roughness of the jaw joint just in front of the ear or irregular flow of blood through the large arteries supplying the head.

Tinnitus is a symptom not a disease and the causes are manifold and in many instances only poorly understood. The condition is not only annoying but frequently painful. The pain results from tense neck muscles causing tension headache. Often the pain is localised where the tinnitus seems loudest. It is advisable to seek medical advice for treatment, and causes of the pain other than tinnitus must be excluded.

It does not appear to cause deafness, indeed patients with tinnitus may have normal hearing for speech. And those with profound deafness may have no tinnitus at all. Hearing can fluctuate with tinnitus and it seems that it can mask or detract from sounds entering the ear, although some people find they can hear normally even with loud tinnitus.

Q. What causes it?

A. Tinnitus may be caused by something as simple as impacted ear wax. However, nerve tinnitus is almost certainly a symptom of a wide variety of mostly microscopic abnormalities in the hearing mechanism.

In some cases it may be caused by over-activity of hair cells in the ear which act as transducers converting sound waves into electrical nerve signals. The cells are in constant vibration which in quiet surroundings can be heard by adults with normal hearing (the so called "sound of silence"). But this is not so for all tinnitus sufferers.

The sensitivity of the ear varies according to the level of noise in the surroundings. In a noisy room, for example, it appears that the spontaneous vibration of the hair cells (ie sensitivity) is less than in quiet surroundings. This may be how "maskers" work in suppressing tinnitus (see later).

If there is some deafness in the inner ear, sensitivity may be increased, and so result in an increased loudness of any background noise being generated in the auditory system.

If you have ever suffered from tinnitus you'll know it's no joke to have a constant "ringing in the ears". Sadly it's one of many conditions that not much is known about, partly because of lack of research funding. C&D looks at some of the questions most often asked by sufferers with answers put together from information provided by the British Tinnitus Association.

Some drugs are known to cause tinnitus as a side effect. Aspirin is probably the most familiar example. Rheumatologists sometimes use the occurrence of tinnitus as a means of judging the upper dose limit for the drug when treating conditions, such as arthritis, where high doses are usually required — the tinnitus is reversible on decreasing the dose.

Q. How is it treated?

A. The most effective treatment discovered to date is claimed to be a "masker". The device produces another sound — different to that of the tinnitus and often of a lower intensity — which has an effect of "turning down" the tinnitus or "turning it off."

Being an external sound the noise made by the masker is claimed to be easy to adapt to. In about 50 per cent of patients for whom they work the maskers have a residual effect. In other words the tinnitus is turned off or turned down for some time after the masker has itself been turned off. This effect can be helpful for people trying to get to sleep.

The maskers come in various forms: some are like hearing aids, fitting into the ear, some are maskers and hearing aids combined, others attach to the sufferer's glasses and there are also bedside maskers. They are expensive, costing between £120 and £500. In theory they are prescribable on the National Health Service but it seems many ear, nose and throat surgeons are reluctant to do so, because of the high cost and financial constraints on the NHS.

The Royal National Institute for the Deaf research fellow J.W.P. Hazell says that around two-thirds of the patients seen at his tinnitus clinic can be helped and that about 83 per cent of those fitted with a masker find relief.

Drugs have also been tried, particularly where there is no response to masking

therapy, with some success. Treating depression-associated tinnitus is probably the major area of benefit. For some people depression causes them to dwell more on their tinnitus making it seem a lot worse than it perhaps is. In such cases a short course of antidepressants may allow the person to become more outgoing or give them a better feeling of well-being and perhaps focus less on their tinnitus so that it assumes much less importance.

Betahistine may be useful if tinnitus is associated with Ménière's disease. In some patients who find their tinnitus is particularly bad on waking, a glucose drink first thing is sometimes helpful — in these cases low blood sugar may be a contributing factor. Sometimes sodium fluoride is effective when otosclerosis affects the inner ear. When the cause of tinnitus is unknown it is worth checking thyroid function and zinc levels. Correction of a deficiency of either sometimes helps.

Drugs which hold most promise for dealing with tinnitus of unknown origin are probably those with membrane stabilising activity. And flecainide, lignocaine, praxilene, tocainide, procainamide, carbamazepine and amylobarbitone have all been tried. They appear to reduce excitability of nerve cells by slowing the movement of sodium and potassium across cell membranes.

Q. What are the opportunities for self help?

A. Reducing stress (with yoga for example) can help and "unorthodox" treatments have been beneficial to some people although they don't necessarily work for everyone. Similarly, some sufferers claim that certain foods make their tinnitus worse, in those cases it may well help to avoid foods causing the trouble.

The British Tinnitus Association has over 80 local branches and produces a newsletter for members. Details from British Tinnitus Association, Royal National Institute for the Deaf, 105 Gower Street, London WC1E 6AH (tel 01-387 8033).

This is the second in a series of articles based on the most common questions put to patient self-help groups. Pharmacists may also find themselves challenged with similar questions.



50
million
Reasons
to
Recommend
Cepton



A SPOONFUL OF SUGAR HELPED THEIR MEDICINES STAY DOWN



ROBITUSSIN~NOW THE U.K.'s FASTEST GROWING RANGE OF COUGH MEDICINES

When the cough medicines market grew by only 16% in the 6 months to April '86, sales of Robitussin rocketed by 156%*. A figure not to be sneezed at.

And being a completely sugar free range of cough medicines gives us something to make a song and dance about. Which is why we're spending over £750,000 on television telling consumers about Robitussin for all the family — the medicines without the spoonful of sugar.

So this winter you can watch our sales rocket even further — in the most delightful way, of course.

*(Year on year comparison). An independent source.

ROBITUSSIN®
NO SUGAR. NO DROWSINESS.

A. H. Robins Company Ltd., Langhurst, Horsham, West Sussex. Tel: Horsham (0403) 60361.





'Patients must come first' says John Ferguson

The interest of patients must be the first consideration in possible collaboration between the hospital and community sectors, says Mr John Ferguson, secretary and registrar of the Pharmaceutical Society.

Patients should come above the interests of sectional interests within pharmacy. "The distinction between the hospital patient and the patient being treated at home is nowadays not black and white, but many different shades of grey," Mr Ferguson told the Pharmaceutical Society's Welsh conference in Llandrindod Wells last Sunday. "We must think in terms of a comprehensive

pharmaceutical service for all patients, not of a separate hospital service and one through community pharmacies." And he went on to warn against the "what we have we hold" philosophy which had appeared in some of the early responses to Nuffield.

Key people in the debate would be the pharmacists in the Health Departments, and every regional or chief administrative pharmaceutical officer, district pharmaceutical officer, and local pharmaceutical committee secretary has a role to play in creating the right climate of opinion to make progress possible.

"This can be done by highlighting the obvious benefits, regularly and consistently, even when the prevailing conditions are not conducive to change. Suggestions pressed consistently in times of restraint are often the first put into practice when practice becomes easier,"

Mr Ferguson said.

Collaboration between managed and contractor services — the Conference theme — would be a more realistic aim when the new contract, with its framework for a more rational distribution of pharmacies, is introduced. This would open up the possibility of rewarding directly those who undertake to provide a quality service to a residential home, nursing home, and so on.

The Pharmaceutical Services Negotiating Committee has yet to do the negotiating, and the Society has to accomplish the standard setting, Mr Ferguson said. "But if these are achieved, and there is no reason why they should not, providing the benefit to patient services is clear and remuneration directly allocated to those who contract to provide

continued overleaf

Photographic products to boost your sales this Christmas!

Fuji Twin Pack – Super HR 100

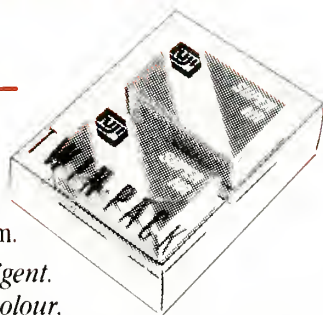
(2 – 135 × 24 films).

Plus the full range of Fuji film.

Film so advanced it's intelligent.

With brilliant and faithful colour,

consistent graduation, superb texture and stable quality.



Keystone camera range

35mm, disc and pocket cameras, all with built-in electronic flash.

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Keystone cameras have become world-famous for advanced technology, innovative product design and strict control over quality.

Flash Products

Magicubes, Flashcubes, Flip Flash and Flash Bars.

Remember Christmas is the peak selling season for Flash products!

Duracell batteries

Alkaline batteries for Christmas.

David Anthony Pharmaceuticals Ltd

Edwards Lane, Speke, Liverpool L24 9GH.

Tel 051-486 7117. Telex 629846 Hermes G



HIGHER MARGINS · FASTER TURNOVER · BETTER SERVICE

continued from p663

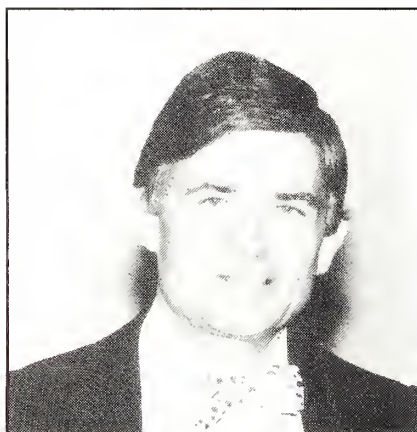
the services and meet the requirements of the contract, then undoubtedly the major step forward can be taken.

"We have to think in terms of remuneration being directly linked to specific professional services provided outside the NHS contract. Such contracts would be with the FPC, but in the case of, say, a small day hospital remote from a larger unit, with a health authority.

"And we must think in terms of contract remuneration being linked directly to standards of service," Mr Ferguson concluded.

The theme of collaboration was taken up by Clive Parr, administrator, Cheshire FPC. He said there is an increasing need for the NHS to be looked at as a whole, particularly from the point of view of delivery of local services. And now FPCs had established themselves as autonomous units, and the health authorities' management structure takes shape, it is vital that the two work closely for change.

Mr Parr saw a number of specific areas where pharmaceutical services could become more integrated. "There is much to be gained from the development of practice formularies and I think it is one of the areas where DPhOs could take a local initiative," he said. "I would like to see formularies developed by attaching pharmacists to group practices and health



Clive Parr, Cheshire FPC

centres. I am convinced little will be gained by trying to impose from outside on unwilling and unconsulted professionals."

Mr Parr agreed with Nuffield that pharmacists had a vital role to play in visiting particular groups of patients, like those who had been discharged from hospital on complicated drug regimes. Liaison between hospital and community would be important, and another role perhaps for the DPhO.

He attacked the Drug Tariff, which was "a major obstacle to early discharge of patients" when treatment required the supply of dressings. One solution would be to permit FPCs, in consultation with local medical committees to approve dressings and appliances not included in the Drug Tariff, if they could be shown to be in the interests of patient care.

Mr Parr expressed concern over the switching of hospital prescribing costs to the FPS. "He who has clinical responsibility undertakes the prescribing," he said. But a number of products which have been traditionally only available through hospitals, like continuous ambulatory peritoneal dialysis fluids, would eventually be prescribed in a community setting. He suggested the doubtful ethical practice of directing such prescriptions to particular pharmacies, could, in future, be resolved by the creation of dispensing lists, like those for oxygen suppliers.

Mr Alan Smith, chief executive, PSNC, saw a number of other areas for collaboration. It would, for instance, be helpful for quality control information to be more widely available to community pharmacists, especially now that generic prescribing is in excess of 30 per cent.

"We should jointly attempt to persuade the Government to promote the rational development of computerisation both by financial incentive towards the cost of hardware and by the establishment of mutually compatible, suitable software." Collaboration should take place both within the profession and with medical colleagues, if these technological developments were to yield the prime benefits in patient care, Mr Smith said.

'Privatisation' warning to hospital pharmacists

Hospital pharmacies are not immune from the competitive tendering process that has seen some hospital laundry and catering services go to the private sector, a general manager has warned.

"There are few, if any, parts of the hospital service that could not, or should not, be tested against the private sector. If the provision of hospital pharmaceutical



Gordon Harry, Mid Glamorgan HA

services, at the agreed level and against a common specification, can be provided from outside at less cost, surely we have the responsibility and duty to make the necessary arrangements," Gordon Harry, general manager, South Glamorgan Health Authority, told the Welsh Conference. Any manager who resisted such a testing did not deserve to be a manager, he said.

In comparison to the community pharmacy service, the hospital pharmacists had, to some extent, been sheltered from the need to consider economics and has had more professional opportunity. This can no longer be the case, Mr Harry said.

"I respect the need to protect and encourage the professional responsibilities but there must be a significant shift in emphasis towards the total management of the service provided."

Mr Harry also expounded the idea of having community pharmacies within the larger acute hospitals. "If we are able to encourage the use of hospital facilities for other parts of the service sector — we have

banks, post offices, newsagents, florists, hairdressers etc — why should we not have chemist shops?"

He said the infiltration of "what has always been regarded as a hospital service into the community is already happening". In some districts patients were receiving domiciliary treatment with cytotoxic agents or parenteral nutrition prepared in the local hospital. "There are, of course, financial implications in both situations, but community treatment is certainly cost-effective for the NHS as a whole."

His own authority had recently established a community staff pharmacist post, with the general intention of filling a void "which we felt existed between hospital and community pharmacists".

Mr Harry said it was logical to extend some hospital pharmacy practices into the community, and he singled out the drug expenditure as an example. While hospital pharmacists could dispense generic preparations and set up cost-effective contracts for obtaining commonly prescribed drugs, in the community "the pharmacist probably pays top price for a large number of drugs".

He warned that if drug formularies were not more widely adopted, he could see the Government extending the blacklist.

Council, and leapfrogging

I am fully in accord with the sentiments expressed by the two correspondents whose letters on the subject of leapfrogging were published in last week's *Pharmaceutical Journal*, (p427).

With reference to Mr Singh's letter, I am sure that such blatant and distasteful cases of canvassing do not escape the attention of the Council's Ethics Committee; the Society can and does take appropriate disciplinary action.

On the other hand, the kind of situation described by "anti-leapfrogger" is much more distressing. In my view, the Society has stood by for the last 20 years or so, while the creeping cancer of leapfrogging has developed into a disease of epidemic proportions and one which now threatens to kill off community pharmacy altogether. If firm action had been taken by the Society against leapfrogging at the outset as a matter of professional ethics, the problem could have been nipped in the

bud. But when people see the actions of unprincipled opportunists apparently condoned by their professional body's failure to act, they are encouraged to follow suit.

Since being elected to the Council I have tried to discover why the Society has never done anything about leapfrogging. The main reasons given to me by senior Council members and staff follow two lines of reasoning: a) How can you define who is a leapfrogger when every new pharmacy that opens must be one, by strict definition, as it must be nearer to some doctor's surgery than an existing pharmacy? b) What is regarded as leapfrogging by pharmacists is likely to be regarded as normal competition by the courts, and an appellant leapfrogger might well succeed in overturning an Ethics or Statutory Committee sanction against him.

However, these explanations have not persuaded me to change my original opinion that the absence of any action by the Society has been due simply to a lack of moral courage. After all, GPs have, for many years, had an effective scheme, backed up by little more than moral force, that prevents one doctor encroaching on

another's territory.

Now, however, after two decades of masterly inactivity, during which time the major leapfrogging damage has been done, the Society has decided to give its support to a particular scheme. This will be implemented with the new contract, which will protect the owners of larger pharmacies, in exchange for the sacrifice of several hundreds of their smallest colleagues. Indeed, at its latest meeting the Council voted almost unanimously to lobby Peers who might be sympathetic to Clause 2 of the NHS (Amendment) Bill, in which the contract is contained. But I doubt whether this action will give any comfort to the two pharmacists in Camberwell who have just been leapfrogged, or to the hundreds of others who have suffered similarly over the years.

After six months on the Council I am still as baffled over its ambivalent attitude to leapfrogging as I was a year ago when I had only an outsider's view. But then, perhaps it takes a little longer than I had imagined to learn to think like a Council member.

Alan Nathan
London N21

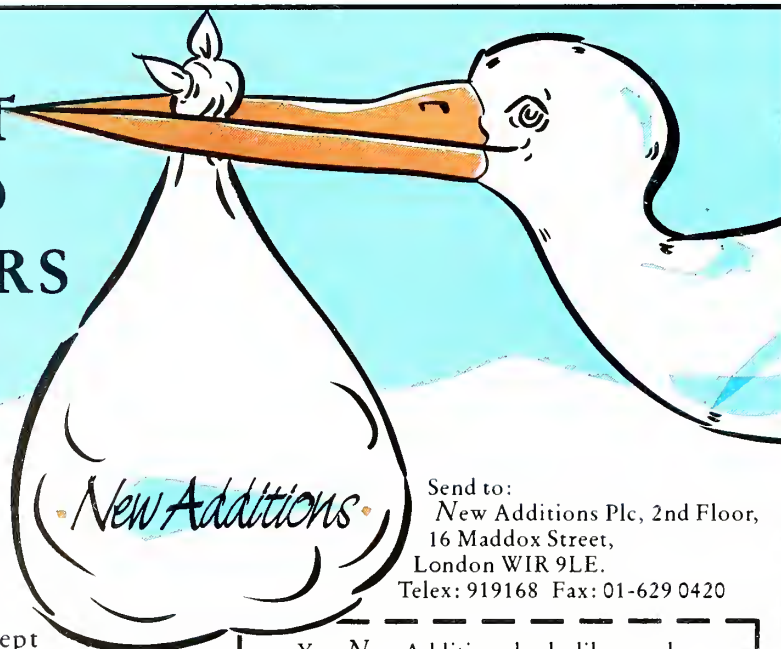
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Tobacco, alcohol and pharmacy

Could we please be informed whether the Pharmaceutical Society of Great Britain has the legal power to forbid the sale of tobacco, and of other products, by pharmacists. Some have, I understand, been put under some pressure to stop selling cigarettes.

I do not own a pharmacy and so it would not worry me if there were no tobacco products or alcoholic beverages available. However, I would rather not see them in pharmacies. What does worry me is the increasing tendency to attempt to restrict the activities of the pharmacist beyond the requirements of the stringent laws affecting the profession. Further, I would like to know what the position would be regarding the sale of cigarettes in stores containing a pharmacy.

At present it is not illegal to sell cigarettes and alcoholic beverages, except to certain classes of the population, and governments derive very substantial

revenue from these sales. As yet the main thrust of the PSGB seems to be against tobacco, but I suggest that alcohol is an even more dangerous problem. Smokers are not usually a menace when they drive a vehicle, and one rarely hears of homes being broken and children abused by parents under the influence of tobacco!

If we are to begin with tobacco we should logically continue with alcohol, various drugs whose supply and use is not against the law, products rich in sugar or fats, and so on. Tobacco and alcohol can, in moderation, have beneficial effects, and few items we consume are harmless if we go to excess.

If pharmacists are prevented from selling cigarettes and other products which the PSGB in its infinite wisdom decides are "bad", the customers will only buy the goods elsewhere. The pharmacist is surely in an excellent position to advise his or her customers on the dangers.

Education — not more controls — is the sensible way to deal with the matter. Pharmacists are professional people responsible for their actions and with a sensitive conscience. The PSGB should treat them as such: persuasion and advice,



Pharmacist Brian Goldwater (right) is presented with a £500 travel voucher, first prize in Unichem's Newcastle trade show raffle, by Newcastle general manager Ray Durey.

yes, but compulsion, no.

Freedom of conscience as to how we act beyond the dictates of law must be preserved. The main body of pharmacists is apparently ready to accept control of distribution of pharmacies, misguidedly in my view. How much further are we to go along the road of bureaucratic dictation. I am happy to trust the judgment and conscience of my fellow pharmacists. Is our Society not in accord with me?

Eric A. Jensen
Brighton



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Scots get '2nd class' contract

Through your columns, may I appeal to Scottish pharmacists to complain about the unfair treatment of Essential Small Pharmacies (ESPs) in Scotland under the new contract, compared to England and Wales. Scottish ESPs are still *not* to receive the guaranteed minimum income (equivalent to 16,000 NHS items per year) on offer South of the border. Instead they have been given nothing more than a "no worse off than at present" promise.

The practical effect of this will be that ESPs in Scotland will be paid considerably less than equivalent ESPs in England and Wales for doing *identical* work for the NHS. For example, an ESP dispensing 6,000 NHS items per year could receive £12,000 in Scotland, but almost double (£23,000) South of the border!

However, thanks to the intervention of Alan Nathan on the Pharmaceutical Society's Council, the matter has been referred to the Scottish Department of the Society. I urge all affected pharmacists in Scotland to write, and make their views known, to: Dr Jim Chilern, Secretary, Scottish Department of the Pharmaceutical Society, 36 York Place, Edinburgh.

I hope they will also write to their MP and point out that Scotland is receiving second class treatment. And ask for this information to be passed on to colleagues in the House of Lords, where pressure can still be put on the Government to come up with the extra money needed to give Scottish ESPs equal pay.

Graeme M. Park
Johnstone

Mr Colin Virden, secretary, Pharmaceutical General Council (Scotland) writes: Mr Park is quite correct in stating that Scottish ESPs have been given an assurance that they would be "no worse off than at present". This assurance was given to relieve immediate anxieties about the future. Over the past months the PGC has had extensive discussions with the Scottish Home and Health Department about a new ESP Scheme.

Mr Park's argument falls in his failure to live up to reality. If he thinks that pressure on the House of Lords will force an increase in funding, then let him go ahead. It is highly unlikely that the Government would increase its maximum contribution above 10/85ths of that made in England and Wales. This amounts to £55,000 for Scotland. Our problem is to spend that sum in the best possible way over a larger number of ESPs *pro rata* than England.

There are 51 pharmacies in Scotland dispensing less than 1,300 prescriptions a month (15,600 a year). To reimburse all of those at a rate equivalent to 1,300 prescriptions a month would cost £270,000 a year. The deficit of £215,000 would have to come out of other contractors' pockets. The present contribution from other contractors is £45,000, but a recent standing committee meeting decided that this contribution should be raised to £120,000 a year. This would enable a modest increase to be given to the 51 pharmacies mentioned above, and permit an extension of the scheme to pharmacies serving isolated housing estates etc, where, although they did not fulfil the present criteria, a case could be put up for classing their service as essential to the community.

The question is whether contractors in general wish to increase their subsidy of colleagues in essential locations, and whether this is in the long term interests of the profession as regards the balance between dispensing by pharmacists and dispensing doctors.

We and the Scottish Executive of the Pharmaceutical Society have a very good relationship with the medical profession on the question of who dispenses prescriptions in particular locations. If a scheme is introduced which actively encourages and subsidises the establishment of ESPs then that good relationship will no doubt vanish and in its place will come numerous problems.

In short, we could afford to pay ESPs a modest increase and extend the number covered, but there are very good reasons why it might not be desirable to guarantee a level of income. It comes down to whether the majority of contractors would wish to foot the bill.

GP writing gets worse

Having just completed a busy day as a pharmacy technician in the dispensary, I feel I must write and air my views on the handwriting of my local doctors.

"Appalling" is one word that springs to mind to describe it, among others such as "sloppy", "childish", "indistinct". The list is endless. Why cannot something be done about it?

For some years pharmacists have been obliged to print dispensing labels and not to write them. Why are doctors' prescriptions not covered?

Only four of our local doctors use means other than pen and ink to print their scripts; the remaining doctors, and there are a lot more than four, write their scripts.

I use the word "write" in its loosest possible sense.

Several of the prescriptions I dispensed today had to be deciphered by the pharmacist. Before they could be started on, we had to telephone three doctors to get them to tell us what they had scrawled, sorry, written.

This wastes the time of patients, the doctors, and pharmacy staff and it is also extremely annoying.

I don't know if I am the only pharmacy technician to have this problem. Maybe I just work in an area where the doctors find it difficult to write legibly. But I do wish something was done about it and quick.

Technocrat

Right to choose?

Dr Michael Wilson, Chairman of the General Medical Services Committee, in his remarks at the BP Conference stated he was a realist, and that the patient should have the choice between doctor and pharmacist dispensing.

If he is a realist he must know of the doctor's coercive pressure (I will not use a stronger term) on the patient — "I am afraid that you can not be on my medical register unless I dispense for you" — so is there a choice?

If he is a realist will he tell the patient that medicines are dispensed without pharmaceutical supervision; that there is no inspection, or testing of the medicines dispensed; that stocks are minimal, and that it is a case of the patient fitting the medicine and not the medicine fitting the patient. Will he also say that he who prescribes and dispenses can sign both birth and death certificate?

To be realistic, the application of Section 66 seems imminent. Therefore, the Pharmaceutical Society must ensure that it applies to dispensing doctors' premises and that they are inspected by the Society.

Mervyn Madge
Plymouth

Strong names

British Pharmacopoeia Commission recommends that words such as "forte" and "strong" in proprietary names should be discouraged, or even banned (C&D, October 11, p600).

British approved name for Dorbanex Forte will be "strong co-danthromer" (p618).

I suppose we should expect that what is banned for some should be BAN'd for others, but it does seem decidedly odd.

Alan H. Tanter
Farnham Common

AZT for Aids — trials by 1987?

Wellcome are hoping to start clinical trials on their AIDS drug azidothymidine (AZT) in the UK before the end of the year.

A pilot study has already begun involving 12 patients and it is thought that around 500 patients will be involved in European trials with the drug.

The patients enrolled will be those with histories similar to AIDS victims who were found to benefit most in the recent US trials, eg those who had suffered one bout of *Pneumocystis carinii* pneumonia.

At the same time as trying to organise clinical trials, Wellcome are also working

on the problem of producing AZT in bulk. The company expects to have enough of the drug for clinical trials but says that to produce 15kg of product around 1,000kg of intermediates have to be made.

Thymidine, the main starting point for the synthesis, itself has 17 stages of synthesis and before trials on AZT began, had worldwide sales of only 5kg.

According to the World Health Organisation 31,646 cases of AIDS have been reported by 74 countries worldwide.

The largest proportion — 86 per cent (27,166 from 33 countries) — have been reported from the Americas, says WHO. Europe has reported 3,127 cases from 22 countries, Africa 1,008 cases from ten countries, Oceania 293 (all from Australia and New Zealand) and Asia 52 cases from seven countries.

Testing, testing... by Organon

Tests for rubella, AIDS and cancer are among the new diagnostics being researched by Organon in Holland.

The first test to reach the UK market will be Organon LH Color, an ovulation indicator to be launched to GPs later this Autumn. Similar to Discretest, recently introduced as an OTC product by sister company Chefaro, LH Color offers greater accuracy and is intended to be used with close medical supervision. Based on monoclonal antibodies, the test is used twice daily instead of once as with Discretest, and detects the surge of luteinising hormone levels in urine which occurs the day before ovulation.

Organon hope that LH Color will eventually be included in the Drug Tariff but meanwhile they expect women to buy it from pharmacies on their doctors' advice (expected price about £40). Whereas Discretest is intended as a simple test for women wanting to plan their families, LH Color is regarded as a method to be used

in more complicated cases where there is a need to discuss the results with a doctor, for example, women with irregular menstrual cycles might be advised to start testing at different times from those normally recommended.

Next year the company is hoping to introduce a rubella test for GPs to offer as part of a pre-pregnancy advisory service. The blood test would detect whether women had antibodies to rubella and, if not, they could be immunised. It could also be used to check whether previously vaccinated women were still immune.

Organon Teknika, who develop tests for laboratory use, were among the pioneers of the test for antibodies to the AIDS virus, currently used to screen blood donors. A similar, speedier test, is being developed for GPs to use in their surgeries. Other microbiological tests under investigation are for the sexually transmitted disease chlamydia, and herpes.

For cancer, the company is researching monoclonal antibody tests for cervical and bladder carcinoma. They are hoping to find specific tumour markers which could indicate whether suspect cells are likely to turn malignant.

CSM urge caution on allergy jabs

Desensitising injections used in the treatment of allergies, should be administered only if full resuscitation equipment is readily available, says the Committee on Safety of Medicines.

Since 1957 twenty-six patients, most of them young, have died from anaphylactic

shock after receiving desensitising treatment. But 11 deaths since 1980 — five of them in the last eighteen months — have prompted the CSM to issue this advice. In most of the cases adequate facilities for resuscitation were not available.

The CSM's recommendation means that GPs should no longer inject patients in their surgeries, a fairly common practice at present according to the BMA. Administration should now take place in hospitals and clinics with resuscitation equipment at hand, and patients kept under observation for at least two hours.



Pharmacist Barry Shooter presents an engraved silver tea service to Mrs Ivy Scott, to mark her retirement from Barry Shooter pharmacies after 15 years as senior buyer. More than 60 guests attended the retirement reception held in Hornchurch, Essex

Rethink urged on asthma drugs

A leading expert on asthma is calling for a rethink in the choice of drugs used in management of the disease.

In an article in *The Sunday Times* Professor Peter Barnes of the Asthma Research Council says that inhaled steroids should replace bronchodilators as first line therapy. This view is supported by an increasing number of doctors after recently developed methods for examining lung tissue showed that chronic inflammation is present in asthmatics. Previously inflammation of the lung tissue lining was thought to have been the result of severe and prolonged asthma.

Asthma was responsible for 2,000 deaths last year (1980, 1,480) and the death rate in males aged five to 34 has doubled in ten years. Professor Barnes believes that bronchodilators are so effective they may mask the severity of the underlying disease. If the "masking" process is continued for too long then a severe attack can occur against which the bronchodilators are ineffective.

Allen & Hanburys, manufacturers of Ventolin and Astra (Bricanyl) say they support the early introduction of inhaled steroids in the management of the disease.

Fancy a trip?

The College of Pharmacy Practice is inviting applications from pharmacists for three travel awards for 1987, valued at up to £1,000 each.

The Geistlich Chester award and the Vestric travel award are open to all pharmacists while the Glyn Jones award is open to community pharmacists. Details from the administrator, College of Pharmacy Practice, Bell House, 111 Lambeth Road, London SE1 7JL.

Chemist & Druggist 18 October 1986

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Electronic shopping still causing high anxiety

The National Pharmaceutical Association met representatives of the clearing banks this week to discuss the development of electronic funds transfer at point of sale (Eftpos) — "cashless shopping".

"Our big problem is that we don't want smaller retailers to be left out of the system," NPA director Tim Astill explained. "The danger is that the banks will just go to the big stores and supermarkets, and introduce a particular system which means no-one else can get in on it. Our view is that there will be less expensive versions of the hardware and software which will enable smaller retailers to take part as well."

Mr Astill said that while the big stores would probably remain on line to bank computers throughout the day, so that bank accounts would be adjusted immediately after a purchase, smaller outlets, like pharmacies, would probably communicate with centre computers once a day through a modem, in the same way that wholesaler orders are currently

transmitted. Mr Astill said that cashless shopping was coming, and the banks were pushing it as a means to reduce their paperwork. The only advantage for retailers would be for those who had it first, and it would only really take off if all the credit/debit cards in use were similar in design and could operate any shop facility.

■ For the third time in six years, electronic shopping could be set back because the banks cannot agree on the way it should be run.

As they try to save a £40m pilot project, the banks are concerned that Eftpos might affect their own main business — especially credit cards. And working alongside their competitors is also proving a problem, according to a *Financial Times* article.

Unless the banks can agree on a method by next month, the pilot scheme — to involve 3,000 terminals in Southampton, Leeds and Edinburgh — will not go ahead as planned, in 1988. And a nationwide system could be set back until the middle of the next decade.

Boots go for EPoS in 170 stores

Boots plan to equip 170 of their largest branches with 6,000 IBM electronic point of sale units over the next three years.

For the past three months their Peterborough branch has been using the system which reads bar codes via a hand held wand attached to IBM 4680 terminals. Product descriptions and prices are automatically provided from item look-up files held on the store controller, an IBM 5170 personal computer with details of 60,000 lines. Each product is either source marked with an EAN bar code or one is applied in-store.

Each night the product file is kept up-to-date by a suite of programs that communicate with the Boots host computer in Nottingham, accept price alterations and prepare for the production of new shelf-edge labels for pre-priced items. A printer attached to the store controller prints the labels each morning.

Credit cards may be read at the EPoS terminal as the sale is made by a magnetic stripe reader — the first step towards a fully automated credit system, say Boots.

The controller records every transaction in detail and summarises them to form item sales and accounting information.

Pharmaceuticals: public concern

The British public believes the pharmaceutical industry makes a major contribution to economic welfare, but is concerned by some of the industry's activities.

In a public opinion poll conducted by the Association of the British Pharmaceutical Industry, 30 per cent of the people interviewed "spontaneously" mentioned pharmaceuticals as the leading industry. Around 48 per cent put pharmaceuticals first, or equal first, ahead of oil (42 per cent). However one in ten people said they viewed the industry's activities unfavourably — the same percentage recorded in 1984.

Other findings of the poll showed that while 79 per cent of interviewees believe the Government should be responsible for the health service, only 35 per cent feel that the NHS is working well or fairly well.

Glaxo profits up 50 per cent

Glaxo's pre-tax profits for the year ending 1986 were up over 50 per cent from £402.9m in 1985 to £611.6m this year.

The figure includes the £15m loss the company suffered following the recall of Farley products last year and includes £94.7m investment income, less interest payable, and £17.7m share of profits of associates.

Zantac was among the products which performed well with sales revenue up 40 per cent from £430m to £606m. The product now accounts for around 40 per cent of group sales, says the company. Ranitidine — as opposed to the branded product — is now the world's number one prescription medicine, claim Glaxo.

Respiratory products also performed well with sales up 13 per cent at £287m. But the star performers were systemic antibiotics which showed a sales growth of 61 per cent on last year to £181m. This was helped mainly by ceftazidime's introduction in the US in August last year and its qualification for full reimbursement on Italian prescriptions this year.

The Evans management buy-out from Glaxo was finalised on Tuesday.

Strong spending in chemists

Consumer spending on chemists' goods is set to rise strongly, according to a recent forecast.

Pharmaceutical products, medical equipment, toilet articles and perfumery have all seen large increases in the past three years, say forecasters Staniland Hall in their report, adding: "Prescription restrictions may prompt further rapid growth of spending on proprietary medicines".

The cosmetics market has rallied well since the late 70s, when a year by year fall led to a low of 0.45 per cent in 1981. Since then it has risen to 0.51 per cent in 1984 and an estimated 0.55 per cent in 1985.

Strong growth should continue, the survey predicts, but at a slightly reduced rate after next year. "Consumer spending forecasts", quarterly (£95 per copy), *Staniland Hall Associates Ltd, 42 Colebrooke Row, London N1 8AF.*

The August Kodak gold award for quality has gone to Bonusprint, Oxford, Hurst Chemist, Ripley and Regency Film Services, Enfield.

Councils angered by 'local' decision on Sunday trade

The Attorney-General, Sir Michael Havers, has upset district councillors by insisting that Sunday trading offenders should be dealt with locally.

Sir Michael's comments came after the Association of District Councils had presented him with evidence of persistent offenders. "One district council alone has prosecuted the local branch of a national store no fewer than 120 times in the last three years with fines of over £88,000," claims the ADC.

But though the Attorney-General

agreed that repeated action did not stop some companies from breaching the trading laws, he stuck to the view that "enforcement should remain at a local level".

Mrs Doreen Fleming, chairman of the ADC's general services committee, commented: "The Attorney-General's suggestion that district councils take injunctive proceedings rather than prosecute in the magistrates' courts would result in a further unnecessary drain on local resources. The only answer to this problem is complete deregulation of shopping hours".

Buy-outs: the best bargain?

Companies tend to do better after management buy-outs, which often trigger off "remarkable transformations", says a new report.

Development News, produced for senior executives by KAE, suggests that mergers and acquisitions — all the rage in 1985 — can actually reduce the efficiency of the company sector.

Management buy-outs, on the other hand, have the advantage of better inside information and the knowledge of the buyers' own value within the company. The number of buy-outs leapt up from 13 in 1977 to over 100 in 1980. In 1985 the figure had gone up again to 230 — and the average value had risen from £1.5m in 1983 to just over £4m. And now the number of deals topping £10m is said to total 59.

Compared to a one in three failure rate for new start-ups, buy-out companies come out well with one in seven. And half of these report growth to be substantial.

But KAE warn against letting the price for a buy-out rise too high — which could mean that debts hamper the first years of the new-style firm. "Development News", KAE Development Ltd, KAE House, 7 Arundel Street, London WC2.

The Department of Trade and Industry's retail sales index for August 1986 shows chemists up 9 per cent to 208 (1980 = 100) — excluding NHS receipts. The figure for all businesses is 155 — up 7 per cent.

Elida Gibbs are arranging a deal with the Tibbett & Britten Group to sell them their

Chemist & Druggist 18 October 1986

distribution warehouse at Whitwood, Yorkshire for £4.5m. Under the agreement Tibbett & Britten will distribute for Elida Gibbs in the UK for an initial period of seven years. The deal now needs approval from Tibbett & Britten's shareholders.

COMING EVENTS

A look into the future

The future of pharmacy is to be debated in Brussels at a symposium to be opened by the Belgian Health Minister.

"Pharma 2001" is being held at the Sheraton Hotel, in Brussels, November 13-14. Sessions include case studies from France, Germany, the UK and Sweden which will look at difficulties facing the profession and there are to be discussions on home care in the 21st century, the appearance of pharmacy in the future and new settings and environment for healthcare.

The meeting is being organised by Prospective and Sante Publique (PSP). Booking details and reserved accommodation available from *PSP, 9 Rue Alfred de Vigny, 75008 Paris, France (tel Paris 1 45 63 15 00)* or via *Roussel Laboratories Ltd, Broadwater Park, North Orbital Road, Denham, Uxbridge UB9 5HP (tel 0895 834343)*.

Monday, October 20

Bury Branch, Pharmaceutical Society. 8 pm in the postgraduate suite at Bury General Hospital. Dr D N Maddock on current affairs.

Glasgow. Clinical pharmacy training group lecture on hypertension at 6 pm in seminar room 1, Glasgow Royal Infirmary.



Pharmacists wanting to combine stylish advertising with transport needs may be interested in Asquith's new Shetland vintage van. The van retails from £9,800, plus a price from £400 for personalized details on the side. Or it can be hired for £250 per day. The Shetland will be displayed at the Motor Show in Birmingham from October 18. Asquith Motor Carriage Co Ltd, Hunnab Industrial Estate, Great Yeldham, Essex

Farillon Ltd will be moving to new premises during the week of October 20 to 24. The new address as of Monday, 27, October will be Ashton Road, Harold Hill, Romford, Essex RM3 8UE (tel: Ingrebourne 040 23 71136).

Glasgow. College of Pharmacy Practice tutor group (alter Clinical Pharmacy) at 7.30 pm in seminar room, Glasgow Royal Infirmary.

Tuesday, October 21

Scottish Home and Health Department. Pharmaceutical Society at 7.30 pm at Ninewells Hospital Medical School. Dr A. Shepherd, senior medical registrar talking on "Liver cirrhosis, portal hypertension and oesophageal varices".

Wednesday, October 22

Barnet Branch, Pharmaceutical Society. at 7.30 pm, post graduate centre, Edgware General Hospital. Clinical case presentation.

Guild of Hospital Pharmacists. one day symposium on gastrointestinal diseases, 10.15 am — 4.30 pm at the Royal Society of Medicine, 1 Wimpole Street, London.

National Pharmaceutical Association. area dinner, 6.30 pm at Novotel, Long Eaton, Nottingham. Details from Mike King, NPA (0727 32161).

Thursday, October 23

Bedfordshire Branch, Pharmaceutical Society. 8 pm, in the Bird-in-Hand, Henlow Camp Crossroads. Dr Linda Anderson from the School of Pharmacy, University of London on "Herbal Medicines".

Hull Pharmacists' Association. at 7.45 pm at the post-graduate centre, Hull Royal Infirmary. Mr Ian Russell from the Red Cross, on "Resuscitation and Heart Start".

Advance Information

Age Concern. "Parkinsons Disease and Elderly People" on November 27-28 1986 at Age Concern Training Resource Centre, Seeborn House, Laurence Court, off Maryland Drive, Northfield, Birmingham. Cost is £60, closing date October 24 1986. Further information from the Training Department of Age Concern, 60 Pitcairn Road, Mitcham, Surrey.

The Royal Society. Public Lecture, Possibilities for the Prevention of Cancer, on November 13 at 6 pm, by Sir Richard Doll, FRC, of the ICRF Cancer Epidemiology and Clinical Trials Unit at the Radcliffe Infirmary, Oxford.

The Institute of Optimum Nutrition. a one-day workshop "Learn how to live and eat healthily for the rest of your life... in one day!" on November 16 from 10 am-5 pm at The Institute for Optimum Nutrition, 5 Jerdan Place, London SW6 1BE. Details on 01-385 7984

Appointments

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Job description and application form from Unit Personnel Department, Mayday Hospital, Mayday Road, Thornton Heath, Surrey CR4 7YE, extension 3530.

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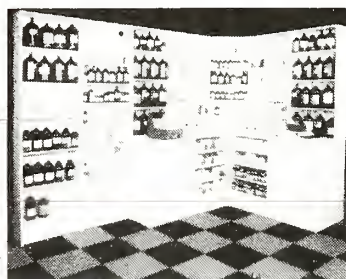
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Help save lives

Pharmacists in the Oxford region are set to play an active part in the national "Save a life" campaign (C&D September 27 p489).

District pharmaceutical officer Ian Simpson, a St John's Ambulance Brigade officer, is running a course for his colleagues on the principles of cardio-pulmonary resuscitation.

Regional pharmaceutical officer Dr Bryan Veitch, and regional Pharmaceutical Services Negotiating Committee representative Mr Peter Dean, were among the first to enrol. Altogether 20 pharmacists have volunteered so far.

Mr Simpson has twenty years of experience as a member of St John's ambulance and the Red Cross, but he has recently qualified as an instructor with the Oxfordshire CPR Life Support. The course will be held at the George Pickering post-graduate centre at the John Radcliffe Hospital. Community and hospital pharmacists are invited (ring Oxford 817452).

Angellic times...

Memories of life under an oppressive rule were recalled at a happier occasion last week, when Guernsey pharmacist Matthew Angell celebrated his 50th anniversary.

Mr Angell is the only working pharmacist on the island to have worked during the five-year occupation by the Germans during the Second World War, when he was employed by Boots. Members of the local branch of the Pharmaceutical Society presented him with a card on the actual date of his registration, July 25, which surprised Mr Angell because he

hadn't remembered the date! He was surprised again at the dinner they arranged for last Friday, when he was presented with a teak garden seat and a certificate proclaiming him a honorary chairman of the local branch. "I'm still getting over the shock, but it was a lovely occasion" he said.

Vestric beef up Vantage team

Restructuring at Vestric has strengthened the company's commitment to their Vantage own label range and symbol group.

Heading the revamped marketing team will be Alan Turner, now promoted to marketing manager. Roger Jeavons has been appointed group products and promotions manager. With the intention of strengthening Vantage's street image, Paul Aspinell has been promoted to merchandising manager. His role will be to assist Vantage members with the layout and merchandising of their shops. Supporting him will be a training controller to train pharmacists and their staff in retailing activities and in extending their product knowledge.

Sean Doherty joins Vestric from Savory and Moore. His function will be to organise the Vantage own label programme.

Max Factor: David Hughes joins the company as group marketing manager. David previously worked for Avon. He now takes responsibility for Max Factor, Outdoor Girl, Miners, Maxi, Swedish Formula and Living Proof brands.

Fabergé: Wella's retail division director, Roger Meadows, is joining as the new UK managing director. Mr Meadows, who has worked with Wella in South-East Asia and Italy, has headed the company's retail operation here for the past four years.

Albright & Wilson Ltd: Robin C. Paul has been named deputy chairman and managing director. He will succeed David W. Livingstone, who is retiring after 37 years with the company. The appointment is effective November 1, and Mr Paul joins from Imperial Chemical Industries plc.

Searle Consumer Products: David Phipp has been appointed national accounts manager. He will be responsible for the development of major accounts in the chemist sector. Mr Phipp spent nine years with Crookes as regional sales manager, and then as national account manager.

OBITUARY

Baxter: George of 152 Roding Lane South, Redbridge, Ilford, Essex on September 29 after a long illness. *Deric C. Evans, chairman of City and East London LPC writes:* "Many pharmacists will be very sorry indeed to hear of the death of George Baxter. Born in Glasgow in 1916 he qualified there in 1946, his studies having been interrupted by several years in industry and in the merchant navy. He very soon came to East Ham where, first as manager then as proprietor, he spent the rest of his working life.

We first met in 1965, as members of the old North East London LPC along with Bob Worby, Eddie Evens and others. In the reorganisation of 1974 we both moved to the new City and East London LPC. George was a keen committee man and a stickler for procedure. He worked hard on the pharmaceutical advisory committee at both area and regional level, always seeking to promote the role of pharmacy in community health care. In Newham he tried hard to form a working liaison group with members of the District Health Team.

In 1977, when the on-going struggle with Government over remuneration suddenly escalated due to the first large-scale clawback threatened by David Ennals, George was in the forefront of the protestors from the City and East London and other LPCs.

His earlier industrial experience clearly influenced his thinking on the way the battle with Government should be fought. For years he vigorously pursued his ideas at every opportunity, in committee, at LPC conferences, in letters to the pharmaceutical Press and over the telephone to dozens of contractors throughout the country.

Always forthright and not by nature given to compromise, it was not always easy to maintain common ground with him. But he was a man of great courage and ability and he really did care for ordinary people and for the welfare of pharmacy as a whole. At a personal level he could be exceptionally kind and understanding and there was always a genuine welcome at his home.

His career was brought to an unfortunate end when in the Autumn of 1982, as a result of an injury to his back, he was left partially paralysed and confined to a wheelchair.

Our deepest sympathy goes to his wife, Vicky, who cared for him with great love and devotion during this very difficult time, and to their three sons.

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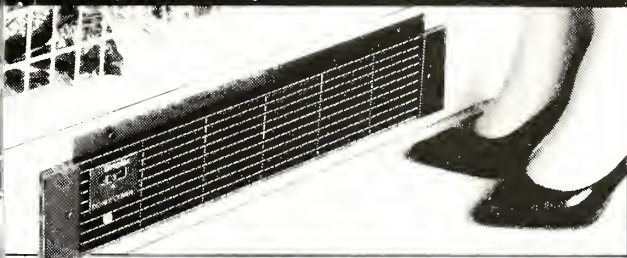
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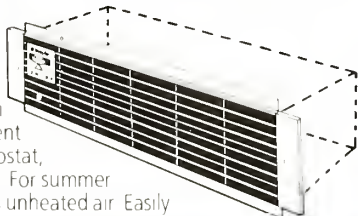
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PRESCRIBING INFORMATION

PRESENTATION

Tamofen 10 tablets, containing 15.2mg tamoxifen citrate BP equivalent to 10mg tamoxifen, are round, convex, off-white tablets, scored on one side and marked "T10" on the reverse.

Tamofen 20 tablets, containing 30.4mg tamoxifen citrate BP equivalent to 20mg tamoxifen, are round, convex, off-white tablets, marked "T20" on one side.

Tamofen 40 tablets, containing 60.8mg tamoxifen citrate BP equivalent to 40mg tamoxifen, are round, convex, plain off-white tablets.

USES

For the treatment of: (1) Breast cancer; (2) Amenorrhoea; (3) Infertility.

Tamoxifen is an anti-oestrogenic drug which binds to oestrogen receptors, preventing the stimulating effects of oestrogen on nuclear and synthesis. The metabolites of tamoxifen are also anti-oestrogens.

DOSAGE AND ADMINISTRATION

For oral administration

(1) Breast cancer

The daily dose is 20-40mg. Tamofen 10 tablets should be given in divided doses (i.e. twice daily). Tamofen 20 and Tamofen 40 may be given as a single daily dose.

(2) Amenorrhoea; infertility

In women with regular menstruation but anovulatory cycles, treatment should start with 20mg per day given on the second, third, fourth and fifth days of the menstrual cycle. If treatment is unsuccessful, further courses may be given during subsequent menstruation periods, increasing the dosage to 40mg, and then 80mg daily.

In women with irregular menstruation, treatment can be initiated on any day. If there are no signs of ovulation, a subsequent course of treatment may be started 45 days later, at the higher dosage level increased as necessary (40mg or 80mg daily). If a patient responds with menstruation then the next course of treatment is started on the second day of the cycle. Tamofen 10 tablets should be given in divided doses (i.e. twice daily). Tamofen 20 and Tamofen 40 may be given as a single daily dose.

CONTRAINDICATIONS, WARNINGS, etc.

Contraindications: Pregnancy

Precautions: Tamoxifen may be given to pre-menopausal women only after thorough examination has excluded the possibility of pregnancy.

Adverse effects: Side effects are generally mild. The following effects have been reported – hot flushes, mild nausea, mild thrombocytopenia and leucopenia.

Occasionally occurring side effects are vaginal bleeding, pruritus vulvae, skin rash, fluid retention, gastro-intestinal pain, pain from metastases and tumor pain.

Deep thromboses have occurred and with large doses of tamoxifen (160-200mg per day) toxic effects on the retina have been reported. (Corneal and macular changes resulting in blurred vision have been described in a small number of cases treated continuously with these large doses for long periods.)

In breast cancer patients, temporary reductions in platelet count (usually to 80,000-90,000 but sometimes lower) have been observed during treatment with tamoxifen. The platelet counts have recovered during treatment and no haemorrhage tendency has been reported.

Hypertension has been reported in patients with bone metastases.

The adverse reactions can sometimes be controlled by a reduction of dosage.

In a proportion of pre-menopausal women treated for breast cancer, there is a suppression of menstruation; reversible cystic ovarian swelling has occasionally been observed in this group of patients receiving 40mg tamoxifen twice a day for short periods.

Treatment of overdose: Overdosage causes anti-oestrogenic effects. In animals, extremely high doses (over 100 times the recommended daily dose) have caused oestrogenic effects. There is no specific antidote to overdosage, and treatment should therefore be symptomatic.

PHARMACEUTICAL PRECAUTIONS

Storage: Protect from moisture and heat (store below 25°C).

LEGAL CATEGORY

POM

PACKAGE QUANTITIES

Tamofen 10 in foil strip packs of 30 and 250 tablets.

Tamofen 20 in foil strip packs of 30 and 250 tablets.

Tamofen 40 in foil strip packs of 30 tablets.

FURTHER INFORMATION

Maximum plasma levels of tamoxifen occur at 4-7 hours after administration. The elimination half-life is about 7 days. Considerable enterohepatic circulation is a probable reason for the slow elimination.

PRODUCT LICENCE No.

Tamofen 10 PL 0424/0031

Tamofen 20 PL 0424/0033

Tamofen 40 PL 0424/0055

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BASIC NHS PRICE

10 mg (30 tablets) £ 7.00

10 mg (250 tablets) £56.40

20 mg (30 tablets) £11.00

20 mg (250 tablets) £86.00

40 mg (30 tablets) £25.78

Further information is available on request from Tillotts Laboratories, Henlow, Beds, SG16 6DS

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